

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	43		001 - 01 - 01
O.I.P.E. CLASSIFIER		21	10/4/01
FORMALITY REVIEW	7W	1115	10-18-01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	10/2/01
2	10/2/01
3	10/2/01
4	10/2/01
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8	10/2/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10-18-01